

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 17518319 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2	1				
5	1	0				
6	0	1				
7	1	0				
8	0	1				
9	1	0				
10	0	1				
11	1	0				
12	0	1				
13	1	0				
14	0	1				
15	1	0				
16	0	1				
17	1	0				
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28	0	1				
29	1	0				
30	0	1				
31	1	0				
32	0	1				
33	1	0				
34	0	1				
35	1	0				
36	1	0				
37	0	1				
38	1	0				
39	1	1				
40	1	1				
41	1	2				
42	0	1				
43	1	0				
44	1	0				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50						
TOTAL IND.	4					
TOTAL DEP.	43					
TOTAL CLAIMS	47					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS